

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Cheryl Becker for Register of Deeds

Street Address

P.O. Box 154

City, State and Zip Code

Green Bay WI 54305



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____ ☐ Pre-Primary _____
☒ July Continuing *2016* ☐ Spring ☒ Fall ☐ Special
☐ September Continuing _____ ☐ Pre-Election _____
- ☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>665.00</i>	\$ <i>665.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>—</i>	\$ <i>—</i>
1C. Other Income and Commercial Loans	\$ <i>—</i>	\$ <i>—</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>665.00</i>	\$ <i>665.00</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>179.99</i>	\$ <i>179.99</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>—</i>	\$ <i>—</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>179.99</i>	\$ <i>179.99</i>

CASH SUMMARY

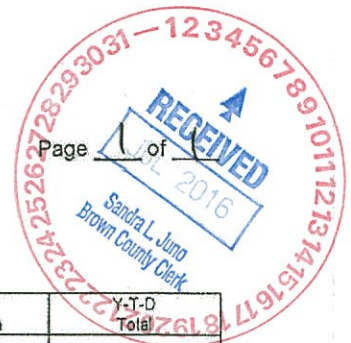
Cash Balance Beginning of Report	\$ <i>0</i>
Total Receipts	\$ <i>665.00</i>
Subtotal	\$ <i>665.00</i>
Total Disbursements	\$ <i>179.99</i>
CASH BALANCE END OF REPORT	\$ <i>485.01</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>—</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>—</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <i>Cheryl Becker</i>	Signature of Candidate or Treasurer <i>Cheryl Becker</i>	Date: <i>6-7-16</i>
	Email	Daytime Phone: <i>920-471-9110</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals


Complete Committee Name

Cheryl Becker for Register of Deeds

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/21/16	Cheryl Becker 842 Redwood Drive Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 15.00	\$ 15.00
5/3/16	Michael & Shannon Demery 2292 Tiger Court Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Shannon - Regional Mgr Spirit Michael - Suburban Triangle Dist.	\$ 300.00	\$ 300.00
6/20/16	Don Deterville 5866 Hwy 29 Dunbar WI 54208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$ 100.00	\$ 100.00
6/29/16	Whitney J Spahn 3072 Warm Springs Drive Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Attorney	\$ 250.00	\$ 250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 665.00

TOTAL ITEMIZED CONTRIBUTIONS

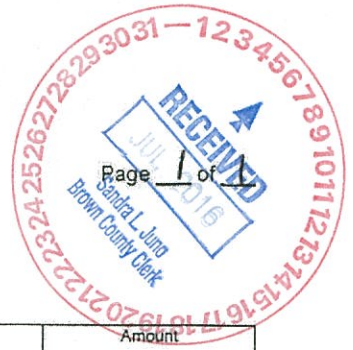
\$ 665.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 665.00

SCHEDULE 2-A
DISBURSEMENTS
 Gross Expenditures


Complete Committee Name

Cheryl Becken for Registrar of Deeds

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/28/16	PCM Credit Union 601 Willard Drive Green Bay, WI 54324 Check if: <input type="checkbox"/> In-Kind Offset	checks for campaign account	13.50
6/12/16	Vista Print/Impress 275 Wyman St Waltham MA 02451 Check if: <input type="checkbox"/> In-Kind Offset	250 quarter page flyers regarding information about the candidate	82.99
6/23/16	Silly Toast Designs 583 North Peckin St Appleton WI 54914 Check if: <input type="checkbox"/> In-Kind Offset	2500 3"x5" campaign post cards	83.50
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 179.99

TOTAL ITEMIZED EXPENDITURES \$ 179.99

TOTAL UNITEMIZED EXPENDITURES \$ —

TOTAL EXPENDITURES \$ 179.99

End of Report

Pg. 3 of 3



Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____ <input type="radio"/> Continuing Report due Jan. 15, _____		
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____ <input checked="" type="radio"/> Continuing Report due July 15, <u>2016</u>		
<input type="radio"/> Continuing Report due 4 th Tues Sept., _____		
<u>Jamie A. Blom</u> Name of Candidate or Committee (in full)		
<u>2883 Hillcrest Ct, Green Bay, WI 54313</u> Address		
<u>920-265-1272</u> Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
<u>Jamie Blom</u> Signature of Committee Treasurer or Candidate	<u>7/14/16</u> Date	<u>jmeblom@hotmail.com</u> Email Address

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
"No Activity" Reporting

End of Report



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☐ Continuing Report due July 15, 2016
☐ Continuing Report due 4th Tues Sept., _____

Buckley For County Board
Name of Candidate or Committee (in full)
3266 West Point Rd Green Bay WI
Address
920 497-3052
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Peter J Buckley</u>	Date <u>7-19-16</u>	Email Address <u>pbuckleydtd@yahoo.com</u>
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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

**Short Form for use
"No Activity" Reporting**

*****End of Report*****

Brown County



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☒ Continuing Report due July 15, **2016**
☐ Continuing Report due 4th Tues Sept., _____

Eisenheim for a Better Green Bay
Name of Candidate or Committee (in full)

843 Densman Street / Green Bay, WI 54303
Address

(920) 384-8493
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

Erik Eisenheim

7/11/16

erik.eisenheim@gmail.com

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

**Short Form for use
"No Activity" Reporting**

*****End of Report*****

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Patrick Evans

Street Address

328 David Drive

City, State and Zip Code

Green Bay, WI 54303-3307



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____
 ☐ Pre-Primary _____
 ☐ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report also complete Schedule 4
- ☒ July Continuing *2016*
☐ Pre-Election _____
- ☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ - 0 -	\$ - 0 -
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ - 0 -
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ - 0 -

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 9.00	\$ 18.00
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 9.00	\$ 18.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,596.06
Total Receipts	\$ - 0 -
Subtotal	\$ 1,596.06
Total Disbursements	\$ 9.00
CASH BALANCE END OF REPORT	\$ 1,587.06
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -
LOANS (Balance at the Close of This Period-3B)	\$ 2,100.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 7-11-16
<i>JAY J TIBBETTS, MD Treasurer</i>	<i>Jay J Tibbets, MD Treasurer</i>	
	Email <i>jaytibbets@att.net</i>	Daytime Phone: <i>920 444-2265</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Page 2 of 2

Complete Committee Name

Forests of Park Lane

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4-1-16 6-1-16	Edward Jones 3313 S. Parkville-D. St 1-A Dexter, WI 54115	Minimum Balance Fee	9.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 9.00
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$ 9.00

End of Report

Pg. 2 of 2

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

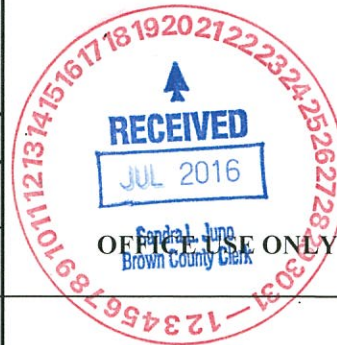
GALT for BROWN COUNTY

Street Address

1426 S. JACKSON

City, State and Zip Code

GREEN BAY, WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing

☐ Pre-Primary

☒ July Continuing 16

☐ Spring

☐ Fall

☐ Special

☐ September Continuing

☐ Pre-Election

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 85 ⁰⁰	\$ 1670 ⁰⁰
1B. Contributions from Committees (Transfers-In)	\$ 0 ⁰⁰	\$ 200 ⁰⁰
1C. Other Income and Commercial Loans	\$ 0 ⁰⁰	\$ 0 ⁰⁰
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 450 ⁷⁸	\$ 1859 ⁸²
2B. Contributions to Committees (Transfers-Out)	\$ 0 ⁰⁰	\$ 0 ⁰⁰
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 376 ⁹³
Total Receipts	\$ 85 ⁰⁰
Subtotal	\$ 461 ⁹³
Total Disbursements	\$ 450 ⁷⁸
CASH BALANCE END OF REPORT	\$ 11 ¹⁵
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0 ⁰⁰
LOANS (Balance at the Close of This Period-3B)	\$ 0 ⁰⁰

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 7/25/16
ALEX GALT	<i>Alex Galt</i>	Daytime Phone: 920 246-0199
	Email: alexgalt@browncountywi.com	

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

Alex Galt

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/24/16	POSTCARD MANIA	POSTAGE	\$301.47
	Check if: <input type="checkbox"/> In-Kind Offset		
3/23/16	POSTCARDMANIA	ADD'L PRINTING	\$17.48
	Check if: <input type="checkbox"/> In-Kind Offset		
3/3/16	SQUARESPACE	WEBSITE HOSTING	\$32.00
	Check if: <input type="checkbox"/> In-Kind Offset		
3/15/16	USPS	POSTAGE	\$7.84
	Check if: <input type="checkbox"/> In-Kind Offset		
4/4/16	FACEBOOK SQUARESPACE	WEBSITE	\$12.00
	Check if: <input type="checkbox"/> In-Kind Offset		
4/3/16	FACEBOOK	AD	\$50.07
	Check if: <input type="checkbox"/> In-Kind Offset		
4/9/16	FACEBOOK	AD	\$29.92
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 450.78

TOTAL ITEMIZED EXPENDITURES

\$ 450.78

TOTAL UNITEMIZED EXPENDITURES

\$ 0.00

TOTAL EXPENDITURES

\$ 450.78

Pg. 2 of 3

Complete Committee Name

Alex. Galt

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/24/16	ALEX GALT 1426 S. JACKSON ST. GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#	ENTREPRENEUR	\$10.00	\$211.00
4/1/16	ALEX GALT 1426 S. JACKSON ST GREEN BAY, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#	ENTREPRENEUR	\$75.00	\$286.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 85.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 85.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0.00 51.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 85.00 1670.97

*****End of Report*****



Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____ <input type="radio"/> Continuing Report due Jan. 15, _____		
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____ <input checked="" type="radio"/> Continuing Report due July 15, <u>2016</u>		
<input type="radio"/> Continuing Report due 4 th Tues Sept., _____		
Name of Candidate or Committee (in full) <u>FRIENDS OF John Gossage</u>		
Address <u>2430 EAST RIDGE TERRACE</u>		
<u>GREEN BAY, WI 54311</u>		
Daytime Phone <u>(920) 948-4222</u>		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate	Date	Email Address
<u>[Signature]</u>	<u>06-30-16</u>	<u>Gossage JR @ co.brown.wi.us</u>

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
"No Activity" Reporting

End of Report

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____ <input type="radio"/> Continuing Report due Jan. 15, _____ <input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____ <input checked="" type="radio"/> Continuing Report due July 15, <u>2016</u> <input type="radio"/> Continuing Report due 4 th Tues Sept., _____	

Friends of Staush Gruszynski
 Name of Candidate or Committee (in full)
1715 Decker Ave, Green Bay
 Address
920. 857. 3425
 Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>Staush Gruszynski</u>	Date <u>7-14-16</u>	Email Address <u>staush4district5@gmail.com</u>
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 Phone: 608-264-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov



**Short Form for use
 "No Activity" Reporting**

*****End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

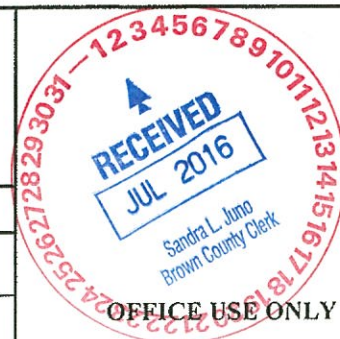
Friends of Sandy Juno

Street Address

616 Dauphin St.

City, State and Zip Code

Green Bay WI 54301



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____ ☐ Pre-Primary _____ ☐ Spring ☐ Fall ☐ Special
☒ July Continuing *2016* ☐ Pre-Election _____ ☐ Termination Report
☐ September Continuing _____
- also complete Schedule 4*

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>45.00</i>	\$ <i>45.00</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>—</i>	\$ <i>—</i>
1C. Other Income and Commercial Loans	\$ <i>—</i>	\$ <i>—</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>45.00</i>	\$ <i>45.00</i>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>180.91</i>	\$ <i>180.91</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>—</i>	\$ <i>—</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>180.91</i>	\$ <i>180.91</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>4981.00</i>
Total Receipts	\$ <i>45.00</i>
Subtotal	\$ <i>5026.00</i>
Total Disbursements	\$ <i>180.91</i>
CASH BALANCE END OF REPORT	\$ <i>4845.09</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ <i>526.19</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
<i>Sandra L. Juno</i>	<i>Sandra L. Juno</i>	<i>7-1-16</i>
	Email <i>juna.sandra@yahoo.com</i>	Daytime Phone: <i>448-4021</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/1/16	Chuck Mahtik 3103 S. Clay St. Green Bay WI 54301		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
5/3/16	Guy Zima 500 N. Chestnut St. Green Bay WI 54303		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$	45.00	45.00
\$	45.00	45.00
\$	—	—
\$	45.00	45.00

TOTAL ITEMIZED CONTRIBUTIONS

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

pg. 2 of 3

SCHEDULE 2-A**DISBURSEMENTS**
Gross Expenditures

Page ___ of ___

Complete Committee Name

Friends of Sandy Juno

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
5-17-16	Lard Member Services (Bank Mutual) Office Depot Check if: <input type="checkbox"/> In-Kind Offset	Paper, Cards & Stamps	180.91
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 180.91

TOTAL ITEMIZED EXPENDITURES

\$ 180.91

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 180.91

*****End of Report*****

Pg. 3 of 3



Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____		<input type="radio"/> Continuing Report due Jan. 15, _____
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____		<input type="radio"/> Continuing Report due July 15, X 8/16
		<input type="radio"/> Continuing Report due 4 th Tues Sept., _____
Name of Candidate or Committee (in full) <u>Friends of Carol</u>		
Address <u>11320 N CRESTVIEW Fountain Hills, AZ 85268</u>		
Daytime Phone <u>480 584 3678</u>		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate <u>Carol Kelso</u>	Date <u>9 July 16</u>	Email Address <u>TOFNTE004@cox.net</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
"No Activity" Reporting

End of Report



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____	<input type="radio"/> Continuing Report due Jan. 15, _____
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____	<input checked="" type="radio"/> Continuing Report due July 15, <u>2016</u>
<input type="radio"/> Continuing Report due 4 th Tues Sept., _____	

Thomas Lund
Name of Candidate or Committee (in full)
2091 Magy Lane, Green Bay, WI 5413
Address
920-592-2663
Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate <u>[Signature]</u>	Date <u>7/11/16</u>	Email Address <u>Lundtree40.Netzero.net</u>
---	------------------------	--

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Short Form for use
"No Activity" Reporting

*****End of Report*****

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☒ Continuing Report due July 15, 2016
☐ Continuing Report due 4th Tues Sept., _____

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Name of Candidate or Committee (in full)

2444 BABCOCK RD ASHWILBURN, WI 54313

Address

(W) 593-4411, (H) 544-8322

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

Patrick Moynihan

07/01/16

patrickmoynihanjr@gmail.com

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov



**Short Form for use
"No Activity" Reporting**

*****End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Street Address

City, State and Zip Code

Andy Nicholson
800 Venus Dr
Green Bay WI 54311



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4
☒ July Continuing 2016 ☐ Pre-Election
☐ September Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 100.00	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 100.00	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 207.59
Total Receipts	\$ 100.00
Subtotal	\$ 307.59
Total Disbursements	\$
CASH BALANCE END OF REPORT	\$ 307.59
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

Andy Nicholson

[Signature]

6/22/16

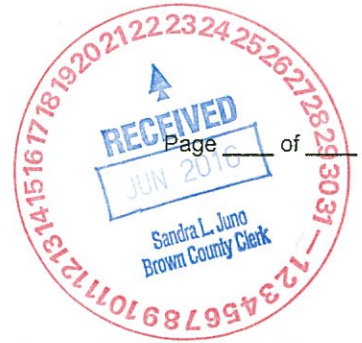
Email

Daytime Phone:

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)



Complete Committee Name

Andy Nicholson

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
3/30/16	Realtors Political Action Committee RPAC-Wisconsin 4801 Forest Run Rd Suite 201 Madison, WI 53704-7337 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	SEB 500416	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

\$ 100.00

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ 100.00

*****End of Report******Pg. 2 of 2*

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

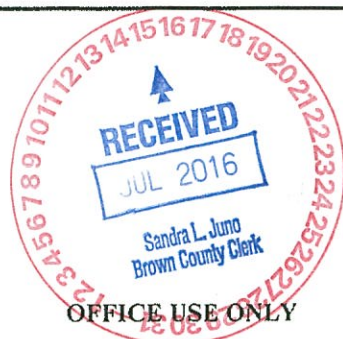
Citizens for William Peters

Street Address

233 N. Ashland Ave.

City, State and Zip Code

Green Bay, WI 54303



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4
☒ July Continuing ☐ Pre-Election
☐ September Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 30.00	\$ 963.00
1B. Contributions from Committees (Transfers-In)	\$ 550.00	\$ 750.00
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 580.00	\$ 1713.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 870.25	\$ 1384.15
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 870.25	\$ 1384.15

CASH SUMMARY

Cash Balance Beginning of Report	\$ 619.10
Total Receipts	\$ 580.00
Subtotal	\$ 1199.10
Total Disbursements	\$ 870.25
CASH BALANCE END OF REPORT	\$ 328.85
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 7/14/2016
William Joseph Peters Jr.	williamjosephpetersjr.com	Daytime Phone: 920-883-0201

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/24/ 2016	Pat Schock 1865 Westline Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		102.00	102.00
4/20/ 2016	Pat Costello 420 N. Locust St. Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 30.00 30.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 1

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 32.00 32.00

Pg. 2 of 4

SCHEDULE 1-B**RECEIPTS**
Contributions from Committees
(Transfers-In)

Page ____ of ____

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
<i>3/22/2016</i>	<i>Democratic Party of Brown County 118 S. Chestnut Ave. Green Bay WI 54303</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		<i>550.00</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE

\$ *550.00*

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ *550.00**Pg. 3 of 4*

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page ____ of ____

Complete Committee Name

William Peters

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/25/2016	DigiCopy 211 E. Walnut Green Bay WI 54301	Printing of Door Hanger	420.25
4/12/2016	Sign Solutions 550 N. Military Ave. Green Bay, WI 54303	Yard Signs	450.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 870.25
TOTAL ITEMIZED EXPENDITURES	\$ 870.25
TOTAL UNITEMIZED EXPENDITURES	\$ 0.00
TOTAL EXPENDITURES	\$ 870.25

*****End of Report*****

Pg. 4 of 4

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2**



COMMITTEE IDENTIFICATION

Filing Period Name:	July Continuing 2016 Covers all activity from 01/01/2016 through 06/30/2016	OFFICE USE ONLY GAB ID: 0105501
Name of Committee/Corporation:	Friends of Dan Robinson	
Street Address:	446 Cook Street	
City, State and Zip:	De Pere, WI 54115	

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0.00	\$0.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$1,085.63	\$1,085.63
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$1,085.63	\$1,085.63

CASH SUMMARY

Cash Balance Beginning of Report*	\$1,085.63	
Total Receipts	\$0.00	
Subtotal	\$1,085.63	
Total Disbursements	\$1,085.63	
CASH BALANCE END OF REPORT *	\$0.00	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$0.00	

**Cash Balance as reported by committee*

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer: Robinson, Laura	Signature of Candidate or Treasurer Date: Daytime Phone: Dan Robinson\rwb Email: robinsonforassembly@gmail.com
--	---

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.06, 11.61, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS**
Contributions From Individuals

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Loan Forgiven							
01/12/2016	Robinson, Dan	446 Cook Street, De Pere, WI 54115				\$3,914.37	\$0.00
	Comment(s): Loan by candidate to campaign						
Sub Total						\$3,914.37	
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$3,914.37	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$3,914.37	
Total						\$0.00	

SCHEDULE 1-B**RECEIPTS**
Contributions from Committees
(Transfers-In)

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Amount	YTD
Grand Total			\$0.00	
Non-Monetary (-):			\$0.00	
Total			\$0.00	

SCHEDULE 1-C	RECEIPTS Other Income and Commercial Loans
---------------------	---

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

SCHEDULE 2-A**DISBURSEMENTS**
Gross Expenditures

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Loan Payment						
01/12/2016	Robinson, Dan	446 Cook Street, De Pere, WI 54115				\$1,085.63
	Comment(s): Loan by candidate to campaign					
Sub Total						\$1,085.63
Grand Total						\$1,085.63
Non-Monetary (-):						\$0.00
Total						\$1,085.63

SCHEDULE 2-B**DISBURSEMENTS**
Contributions To Committees
(Transfers-Out)

Complete Committee Name: Friends of Dan Robinson

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans

Complete Committee Name: Friends of Dan Robinson

Beginning Incurred Obligation Amount: \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Incurred Obligations End of Report		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial

Complete Committee Name: Friends of Dan Robinson

Beginning Loan Balance: \$5,000.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Loan Payment		
01/12/2016	Robinson, Dan	\$1,085.63
Sub Total		\$1,085.63
Loan Forgiven		
01/12/2016	Robinson, Dan	\$3,914.37
Sub Total		\$3,914.37
Grand Total		\$5,000.00
Outstanding Loans End of Report		\$0.00

*****End of Report*****

Pg 8 of 8



Campaign Finance Report Short Form ETHCF-2a		Ethics ID Number
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Primary _____ <input type="radio"/> Continuing Report due Jan. 15, _____		
<input type="radio"/> Spring <input type="radio"/> Fall <input type="radio"/> Special Pre-Election _____ <input type="radio"/> Continuing Report due July 15, <u>2016</u>		
<input type="radio"/> Continuing Report due 4 th Tues Sept., _____		
<u>Siebar for Supervisor</u> Name of Candidate or Committee (in full)		
<u>450 Muskogee Lane Green Bay, WI</u> Address		
<u>920.680.6366</u> Daytime Phone		
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.		
Signature of Committee Treasurer or Candidate	Date	Email Address
<u>[Signature]</u>	<u>7-1-16</u>	<u>Siebar For Supervisor WGmail.com</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

Short Form for use
"No Activity" Reporting

End of Report

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
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☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☐ Continuing Report due July 15, 2016
☐ Continuing Report due 4th Tues Sept., _____

Streckenbach for Brown County Executive


Name of Candidate or Committee (in full)

P.O. Box 22283

Address

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate	Date	Email Address
	<u>7/22/16</u>	<u>streckenbachforwi@gmail</u>

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O./Box 7984, Madison, WI 53707-7984 |
 Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov



*****End of Report*****

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number
---	------------------

☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____
☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☒ Continuing Report due July 15, 2016
☐ Continuing Report due 4th Tues Sept., _____

Friends of VanderLeest

Name of Candidate or Committee (in full)

1422 Beech Tree Drive, Green Bay, WI 54304

Address

920-737-0999

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

John VanderLeest

Date

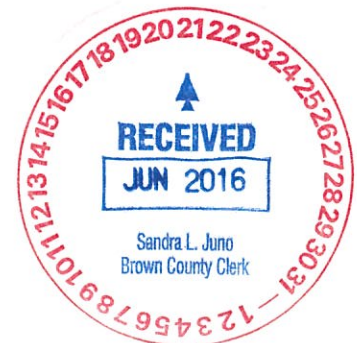
6-21-16

Email Address

Vanderleest@hotmail.com

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov



**Short Form for use
"No Activity" Reporting**

*****End of Report*****

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Williquette Lindsay

Street Address

719 Fredrick Ct Apt. 6

City, State and Zip Code

Green Bay WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____

☐ Pre-Primary _____

☒ July Continuing *2016*

☐ Spring

☐ Fall

☐ Special

☐ September Continuing _____

☐ Pre-Election _____

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>19.37</i>	\$ <i>19.37</i>
1B. Contributions from Committees (Transfers-In)	\$ <i>0</i>	\$ <i>0</i>
1C. Other Income and Commercial Loans	\$ <i>0</i>	\$ <i>0</i>
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>19.37</i>	\$ <i>19.37</i>
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <i>19.37</i>	\$ <i>19.37</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$ <i>0</i>
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>19.37</i>	\$ <i>19.37</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>5.00</i>
Total Receipts	\$ <i>19.37</i>
Subtotal	\$ <i>24.37</i>
Total Disbursements	\$ <i>19.37</i>
CASH BALANCE END OF REPORT	\$ <i>5.00</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ <i>0</i>
LOANS (Balance at the Close of This Period-3B)	\$ <i>0</i>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
<i>Cathy Williquette Lindsay</i>	<i>Cathy Williquette Lindsay</i>	<i>7-7-2016</i>
	Email: <i>Cathy4957@SBCglobal.net</i>	Daytime Phone: <i>920-448-4469</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 1 of 1

Complete Committee Name

Friends for Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5-31-16	<i>Cathy Williquette Lindsay 714 Fredrick Ct Apt. 6 Green Bay WI 54313</i>		<i>19.37</i>	<i>19.37</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 19.37 *19.37*

TOTAL ITEMIZED CONTRIBUTIONS

\$ 19.37 *19.37*

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0 *0*

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 19.37 *19.37*

Pg. 2 of 3

SCHEDULE 2-A**DISBURSEMENTS**
Gross ExpendituresPage 1 of 1

Complete Committee Name

Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 0TOTAL ITEMIZED EXPENDITURES \$ 0TOTAL UNITEMIZED EXPENDITURES \$ 19.37TOTAL EXPENDITURES \$ 19.37*****End of Report******Pg 3 of 3*

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

 Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

ZELLER FOR TREASURER

Street Address

3228 BITTERS COURT

City, State and Zip Code

GREEN BAY, WI 54301


 Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☒ Fall ☐ Special
☒ July Continuing 2016 ☐ Pre-Election
☐ September Continuing

☒ Termination Report
 also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 42.74	\$ 42.74
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 42.74	\$ 42.74

CASH SUMMARY

Cash Balance Beginning of Report	\$ 42.74
Total Receipts	\$ 0
Subtotal	\$ 42.74
Total Disbursements	- \$ 42.74
CASH BALANCE END OF REPORT	\$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ NONE
LOANS (Balance at the Close of This Period-3B)	\$ NONE

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

PAUL D. ZELLER

Signature of Candidate or Treasurer

 Paul D. Zeller
 Email pzeller@new.rr.com

Date:

 6.27.16
 920.819.0990

Daytime Phone:

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A
DISBURSEMENTS
 Gross Expenditures

 Page 5 of 9

 Complete Committee Name ZELLER FOR TREASURER

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2016			
JANUARY THRU JUNE 2016	Nicolet National GREEN Bay, WI BANK	MONTHLY ACCOUNT IN-ACTIVITY FEE \$5/mo X 6 mo.	\$ 30
6/15/16	US Post Office 118 N. MONROE AVE GREEN BAY, WI 54301	POSTAGE FOR NOMINATION PAPERS & THANK YOU NOTES	\$ 12.74
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 42.74
TOTAL ITEMIZED EXPENDITURES	\$ 42.74
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 42.74

Pg. 2 of 3

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

ZELLER FOR TREASURER

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS**THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.**

Date	Recipient	Amount
6/27/16	NO RESIDUAL FUNDS AVAILABLE The Remaining \$ 42.74 WAS DISBURSED ON LAST CAMPAIGN FINANCE REPORT -	\$ 0

LOAN OR DEBT FORGIVENESS**I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.**

Date	Endorser, Guarantor, or Creditor	Amount
-	NONE -	\$ 0

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Paul D. Zeller

Date

6/27/16*****End of Report*****